

STATE OF IDAHO  
BUREAU OF OCCUPATIONAL LICENSES  
**LICENSE RENEWAL APPLICATION**

License #: **AR-006**

Expiration Date: **00/00/0000**

The fee noted will be applied to renew your license for the next license period. This completed application must be received by the Bureau &/or postmarked **before** the expiration date noted above. **As required by law, all license renewal applications received on or after the expiration date will be assessed a reinstatement fee of \$25.00 in addition to the renewal fee.**

|                     |                |
|---------------------|----------------|
| Reinstatement Fee:  | <b>\$0.00</b>  |
| Renewal Fee(s):     | <b>\$50.00</b> |
| Other Fees/Credits: | <b>\$0.00</b>  |
| Total Due:          | <b>\$50.00</b> |

**ALL RETURNED CHECKS ARE SUBJECT TO A \$20 COLLECTION FEE.**

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TWO STORIES OR 00000

NOTE: Name &/or Address of Record changes must be made with the Name-Address Change form.

**THIS FORM MUST BE COMPLETED AND SUBMITTED IN ITS ENTIRETY**

A complete application for renewal & the required fee must be postmarked before the expiration date, or your license will be cancelled and a reinstatement fee will be assessed in addition to the renewal fee.

**DO NOT SEND CASH**

- 1. CHECK THE APPROPRIATE RESPONSE TO THE QUESTIONS BELOW;**
- 2. READ & SIGN THE AFFIDAVIT;**
- 3. ENTER YOUR SOCIAL SECURITY NUMBER;**
- 4. ENCLOSE PAYMENT & WRITE YOUR LICENSE NUMBER ON YOUR CHECK.**

Please make check or money order payable to Bureau of Occupational Licenses and submit this form with the required fee to the address noted above.

**You may submit your renewal online by using the ONLINE RENEWAL link at: [www2.state.id.us/ibol/](http://www2.state.id.us/ibol/)**

**QUESTIONS**

Since the date of your last application for renewal of your license have you:

1. Received a conviction, finding of guilt, withheld judgment, or suspended sentence for any felony in this or any other jurisdiction? [ ] YES [ ] NO
2. Received any type of disciplinary sanction, restriction, or limitation from any regulatory licensing agency or organization in this or any other jurisdiction? [ ] YES [ ] NO  
(if YES to either above, a copy of the final order of conviction/discipline must be attached)

**AFFIDAVIT**

I hereby certify under penalty of perjury that my responses to the above are true and correct, and that I have met the continuing education requirement as prescribed by the laws & rules applicable to the license for which I am applying to renew, and that documented proof of my attendance is in my possession and will be provided upon request.

**Signature**

**Social Security #**

Applications for renewal that are not completed in their entirety will be returned and the license renewal will not be processed. Social Security numbers are required by § 73-122, Idaho Code on all applications for licensure.

\*\*\*The Board will conduct random audits to insure compliance with continuing education requirements\*\*\*

**BUREAU OF OCCUPATIONAL LICENSES**

**1109 Main St., Suite 220**

**Boise, Idaho 83702-5642**

**(208) 334-3233**

**LICENSE NAME AND/OR ADDRESS CHANGE AFFIDAVIT**

**INSTRUCTIONS**

If either your name or your address has changed, this completed affidavit must be submitted to the Bureau of Occupational Licenses with the signed renewal form. All changes noted below will be entered in the official record and be reflected on the license you are renewing.

I \_\_\_\_\_, affirm that I am the legal and lawful  
Print or type full name of licensee

owner of license, certificate, or permit number \_\_\_\_\_ and hereby request a change or correction in  
complete license number

the official public record. Please change my ☐ Name and/or ☐ Address as noted below.

My name (print/type) exactly as it appears on my license: \_\_\_\_\_

My name (print/type) exactly as I wish it to appear: \_\_\_\_\_

I am enclosing as authorization for said change, a CERTIFIED copy of (one of the following):

☐ Marriage License   ☐ Divorce Decree   ☐ Court document noting change

**NOTE: A social security card or birth certificate is acceptable for spelling corrections only.**

Enter your address exactly as it appears on your license: \_\_\_\_\_  
(This is a public record address and appears on  
your license. If you wish to change your mailing  
address only, enter ONLY your new mailing address  
below. Your license will still bear the address that  
currently appears on your license.) \_\_\_\_\_

Both sections below must be completed if you wish to change BOTH your mailing address and your Address of Record.

My new mailing address: \_\_\_\_\_

My new Address of Record: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\*Please add your e-mail address if we may contact you electronically: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Licensee**

\_\_\_\_\_  
**Date**

**\*528728793\***